

Work Order ID 89119

August-21-12 2:31:51 PM

89119

Page 1

Item ID: D350-616-013

Revision ID:

Item Name: Deck Plate and Tie Down

Start Date: 8/21/12

Start Qty: 5.00

Accept

N900040100

Setup

Start

NS1

Required Date: 9/07/12

Req'd Qty: 5.00

5

5

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/08/12

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D350-616	E

100

100

DC

Document Control

Memo

Photocopy bluefile and create labels per PPP D350-616-013
CHG002

0.00

DAS
12/08/12
JB

MLJ 12-9-24
②

110

Pick Kit

0.00

110

Packaging

Packaging

Memo

0.00

2
12/09/2012
JB

120

QC4- 100% Inspect kits for completeness

0.00

120

QC

Quality Control

Memo

0.00

DAS
12/08/12
JB

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
Part No. _____			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced Temperature/Cure <input type="checkbox"/>		
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>		
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
Crushed/Crimped.				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Other <input type="checkbox"/>		
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>		
Heat Treat				Countersink <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>				
Ripples in Bend				Drill Holes <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>				
Turning Sequence				Finish <input type="checkbox"/>						
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>					

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Page 2

Item ID: D350-616-013

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Deck Plate and Tie Down

Start Date: 8/21/12 Start Qty: 5.00

5

Cust Item ID:

Required Date: 9/07/12 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

Packaging

Packaging

Memo

0.00

2XPR

SO
12/9/22

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

12/9/22 JJ

MF
12-09-25

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/>

Picklist Print

August-21-12 2:31:50 PM

Page 1

Work Order ID: 89119

Parent Item: D350-616-013

Start Date: 8/21/12

Required Date: 9/07/12

Parent Item Name: Deck Plate and Tie Down

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP A 07.05.22 coss issue EC
IPP Rev:B 08-12-10 rev.E as per dwg DD verified by:ec

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Grain	Ovalized	Pressure/Forced	
Centre Not Concentric to O/S				BOM/Route				Hardware	Over/Under tolerance	Temperature/Cure	
Cracks				Broken/Damaged				Inspection Incomplete	Part Incorrect	Weld	
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled	
Cuffs				Contamination				Maintenance	Part Moved		
Heat Treat				Countersink				Mislabeled	Positioned Wrong		
Inspection Strip in Tube				Cut Too Short				Misread	Power Loss/Surge		
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			

REFERENCE ONLY

QTY - 011	Qty - 013	Qty - 015	Part Number	Description
X			D350-616-011	Full Litter Kit
1	X		D350-616-013	Deck Plate and Tie Down Kit
		1	D350-616-015	Deck Plate Kit
		1	D2344	DECK PLATE (AFT)
		4	D2348	WEAR PLATE (KEY WAY)
		1	D2353	STIFFENER
			D2360	LITTER TIE DOWN (LOCKING)
		1	D2364	DECK PLATE (FWD)
		2	D2365	WEAR PLATE (PIP PIN)
		1	D2369-1	LOCATOR PLATE
		1	D2369-3	LOCATOR PLATE
		1	D2370	LITTER ASSEMBLY
		1	D2493	PATIENT STOP
			D3179-041	LITTER TIE DOWN (NON-LOCKING)
		1	D3494-1	STUB COVER
		25	MS20426AD4-5	RIVET
		25	MS20426AD4-6	RIVET
		6	MS20426AD5-7	RIVET
		6	MS20426AD5-8	RIVET
		15	MS20601AD4W2	BLIND RIVET (or CR9162-4-2)
		30	MS20601AD4W3	BLIND RIVET (or CR9162-4-3)
		6	MS21042L3	NUT (or MS21042-3)
		6	MS24693-C273	SCREW (or MS24693-273)
		22	MS24693-C48	SCREW (or MS24693-48)
		4	MS35207-264	SCREW
		10	NAS1149D0363J	WASHER (or AN960JD10)

RELEASED
08/11/21 MW

CANADA DEPARTMENT OF TRANSPORT AIRCRAFT CERTIFICATION BRANCH DAO # 01-O-01	
APPROVED <i>[Signature]</i>	
BY:	D. SHEPHERD (DE # 02)
DATE:	08.11.07
CERT. NO.:	SH96-10
ISSUE NO.:	2

E	MAKE DSI 9310 STANDARD; D3179-041 REPLACES D2350			RF	08.11.07
D	ADD D3494-1 STUB COVER			MB	06.01.19
C	ADD DSI 9112/9117/9130/9236/9310			MB	06.01.10
B	ADD VIEW OF D2493 TO SHEET 9			BW	96.01.09
A	NEW ISSUE			BW	95.02.20
REV.	DESCRIPTION			BY	DATE
DESIGN	BW	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA			REV. E
DRAWN	RF				
CHECKED	DS	DRAWING NO.			SHEET 1 OF 12
MFG. APPR.	N/A	D350-616			
APPROVED	DS	TITLE			SCALE
DE APPR.	<i>[Signature]</i>	AS350/355 LITTER KIT INSTALLATION			NTS
DATE	08.11.07	COPYRIGHT © 1995 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			